



Executive Summary

Study Populations

- **All Children in Healthy Options**

Medicaid children aged 13 years or younger who were continuously enrolled from September 1, 1999 through February 29, 2000 in a Healthy Options plan and had either English or Spanish as their primary language were selected from Medicaid enrollment data. Up to a one-month break in enrollment period was allowed.

- **Children With Special Health Care Needs**

As part of a pilot study conducted by FACCT for National Committee for Quality Assurance (NCQA), children with special health care needs were included in this CAHPS report. Children who met the Medicaid eligibility criteria for age, continuous enrollment, and language were identified through specified responses to a set of survey questions. Because all parents were asked these questions, some children were included in analyses of both the eligible Medicaid population and in the analyses of children with special health care needs. Because identification of the special health care needs population was dependent on respondents, it was not possible to identify the entire eligible population of children with special health care needs. Although weighting was performed to estimate this population based on responders, survey results may not be representative of the entire population of children with special health care needs.

- **Children in Fee-for-Service**

Medicaid children in FFS whose primary language is English and who meet the same age and continuous enrollment criteria as for Healthy Options were identified. Only children who were not in foster care and had SSI benefits were selected.

Sampling Methodology

- **All Children in Healthy Options - Enrollment Data**

From each of the participating seven Healthy Options plans, a sample of 1,050 children meeting the Medicaid eligibility criteria was randomly selected for the standard CAHPS analysis of core questions. If more than one eligible child lived in a household, only one was randomly selected. Even though nine managed care plans were participating in the Healthy Options program during 2000 and data were collected from all nine plans, this report includes only the seven plans that will be participating in 2001. This sample of all children was also used to identify children meeting the criteria for children with special health care needs.

- **Children in Healthy Options - Encounter Data**

In addition to the standard random sample of 1,050 Healthy Options children, children having a potential chronic illness or special health care needs were identified by other sampling strategies. Using encounter data from each health plan, children meeting Medicaid eligibility criteria were pre-screened. A specified list of diagnosis codes was then used to identify children having a potential chronic illness or special health care need. From those children meeting these criteria, a random sample of up to 1,500 children was identified. This approach was used to find a group of children with an increased or higher than average probability of qualifying on the survey questions used to screen children with chronic or special health care needs.

- **Children in Healthy Options - Oversample of Enrollment Data**

For plans that did not have at least 750 eligible children using encounter data, an additional random sample was selected from the remaining eligible Healthy Options enrollment child population. This oversample was selected to provide a total of 750 children per plan when combined with eligible encounter records. This oversampling assumed that a percentage of the general population of children would include children who have special health care needs and was in addition to the 1,050 standard CAHPS Healthy Options sample.



- **Children in FFS with SSI**

Children who had SSI benefits, who were not in foster care and who met the same continuous enrollment and age criteria as Healthy Options children were identified. If more than one eligible child lived in a household, only one was randomly selected. Because of the limited number of FFS clients, almost all of the FFS population was sampled.

Criteria to Identify Children with Special Health Care Needs

- **Healthy Options Children**

Included in the CAHPS survey was a series of questions used to screen for children with special health care needs. A detailed algorithm based on the survey responses of these screener questions identified a subset of children having special health care needs. Because parents or the children's primary care giver were asked these questions regardless of sampling approaches, children with special health care needs were not mutually exclusive of the standard CAHPS all children sample. Based on these screening questions, 21.4% of the children in the standard Healthy Options samples for the seven plans (1,050 per plan) met the special health care needs criteria. Using all Healthy Options samples (standard CAHPS, pre-screened encounter and the oversample), 33.6 % of children met the screener criteria.

- **FFS with SSI Children**

The same survey responses to the screener questions were used to identify children with special health care needs in the sample of children with SSI benefits in the FFS program. Because most of these children (91.5%) met the criteria for children with special health care needs, survey results are presented only for these children in the FFS group. The small percentage of children (8.5%) that did not meet these criteria were excluded from the analysis.

Survey Process

Although data were collected from nine plans, the analysis was conducted on only the seven plans that will be participating in 2001. Thus, all numbers reflect only these seven plans. Beginning in April 2000, questionnaires were mailed to 15,362 children aged 13 years and younger in seven Healthy Options plans and 1,469 FFS clients aged 13 years and younger currently receiving SSI benefits.

To accommodate the sampling methodology and acquisition of data from the health plans, surveys were conducted in two phases about one month apart. On April 17, 2000 (phase I), 6,882 clients representing three of the Healthy Options health plans were sent a pre-notification letter. On May 19, 2000 (phase II), 8,480 clients in the remaining four health plans and 1,469 FFS clients received the pre-notification letter. Questionnaires were then mailed to these clients. If a survey was not returned within two weeks, reminder postcards were mailed. A second survey was then mailed to non-responders within 30 days of the first survey mailing. If questionnaires were still not returned, a second postcard reminder was sent out about two weeks later. Non-respondents received follow-up phone calls for six-weeks with up to six call attempts per client. The last telephone surveys took place on August 23, 2000.

- **Types of Questions**

This report presents data for three general types of survey questions:

- Questions that ask respondents to rate aspects of their child's care from 0 to 10, where 0 = Worst Possible and 10 = Best Possible.
- Questions that ask respondents to report how often something happened, by choosing "Never," "Sometimes," "Usually," or "Always."
- Questions that ask if certain things were "A Big Problem," "A Small Problem," or "Not A Problem."



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In addition to the types of questions described above, five screener questions were asked to identify children with special health care needs. These five screening questions asked whether a child currently experiences a specific health consequence or issue related to the need or use of a specified service, medications or functional limitation. To qualify, these consequences had to result from a medical or other health condition lasting, or expected to last, 12 months or longer. These questions used to determine whether a child has a special health care need were developed and tested in the Child and Adolescent Health Measurement Initiative (CAHMI)/Children with Special Health Care Needs program.

- **Response Rate**

The adjusted response rate for the sample of seven Healthy Options plans for all children was 57.4%. The actual number of responses varied by question. A response rate for children with special health care needs cannot be calculated because these children were identified using survey questions.

Analysis

- **Weighting**

At the same time of the CAHPS survey, MAA conducted the Promoting Healthy Development Survey (PHDS). PHDS required samples of children who were 3 to 48 months of age and who had a year of continuous enrollment in Healthy Options or in FFS. Samples of PHDS children were removed from the eligible Medicaid child population prior to all sample selections for the CAHPS survey. This affected the representativeness of eligible Medicaid children in the population sampling frame. Weighting was performed to account for this and other sampling issues.

For the Healthy Options standard CAHPS analysis, the weighting adjusted for the distribution of PHDS eligible children. However, the weighting scheme used for children with special health care needs was different.

In addition to the under-representation of PHDS children, the survey results for children with special health care needs were based on combining three different samples. One of the three samples included encounter data that may vary by plan. Also, identification of children with special health care needs was based on only those clients who responded. Therefore, direct identification of the population of CSHCN was not possible. Instead, the weighting method used for this analysis estimated this population using survey response data and enrollee-level indicator flags that showed if they were PHDS eligible and if they met the encounter data algorithm. Since enrollees meeting the encounter data algorithm were more than twice as likely to meet the CSHCN screener criteria, this factor was included in the weighting method.

- **Rounding Error and Weighting Results to Health Plan Populations**

Survey response distributions (bars) for individual questions may not always sum to 100%. In most cases, this was due to rounding error. However, as a result of the sampling methodology used for children with special health care needs, the weighting methodology did not allow survey responses to be weighted back to the entire population for 18 out of 273 (6.6%) health plan response bars. In these bars, the distribution of survey responses represented something less than 98% of the health plan population, but in no case was it lower than 92%. The effect on the health plan ratings, therefore, was negligible.

- **Case-mix Adjustment**

Case-mix refers to the characteristics of respondents used in adjusting the results for comparability among health plans. Results in this study were case-mix adjusted for health status of the child reported by the parent or respondent, educational level and age of the parent, and age of the child. Because differences in case-mix can result in differences in ratings between plans that are not due to differences in quality, the data were adjusted to make plans similar for these characteristics.